

CSHN Financial Assistance

This is an explanation of the CSHN Financial Assistance Program and an application for CSHN Financial Assistance. Please read the next two pages carefully before you complete the green application form.

Background:

The Vermont Department of Health, through its Programs for Children with Special Health Needs (CSHN), provides services to enrolled patients and their families. These services include a statewide system of specialty clinics, care coordination for patients with complex medical conditions, family support services, and limited financial assistance for authorized services. Financial assistance is limited to coverage of after-insurance balances for services, supplies, and equipment prescribed through CSHN clinics.

Policy:

Patients who enroll with CSHN and who receive CSHN financial assistance must share in the cost of medical services according to their ability to pay.

An Outline of CSHN Cost Share Policy:

The policy is called Cost Sharing. It works much like an annual deductible with a traditional insurance plan. A major difference is that the CSHN deductible is tied to a family's reported income. Families are expected to pay for a portion of the cost of services prescribed through CSHN clinics according to their ability to pay, before CSHN Financial Assistance begins.

1. Cost Sharing applies to all families enrolled with CSHN for whom CSHN provides financial assistance, including patients whose prescription medication costs are covered.
2. CSHN clinic visits are at no direct cost to families, but services provided at clinic are subject to Cost Sharing. (Physicians and some other members of the CSHN Clinic Team are authorized to bill private insurance plans for clinic visits but they are not allowed to bill families for remaining balances.)
3. The amount of a family's annual Cost Share depends upon the family's reported income and family size.
4. The CSHN deductible is per-family and not per-child, so families with more than one child enrolled in CSHN are required to meet only one assigned deductible.
5. Children on Medicaid, regardless of the family's income, have no CSHN deductible. CSHN financial assistance applies immediately to services not covered by Vermont Medicaid. (This does not mean that CSHN will automatically cover services denied by Vermont Medicaid because a required prior authorization was not obtained or because Vermont Medicaid had not determined medical necessity for the service.)
6. Families whose annual income falls below 225% of the Federal Poverty Level (FPL) will be exempt from the Cost Share. They will not be assigned an annual deductible. CSHN Financial Assistance will begin immediately. However, families with income below 225% of FPL will be required to apply for Medicaid.
7. Below are income levels for families of 1 to 8 people. If your income, before taxes, is less than the amounts shown, you will not be assigned a Cost Share deductible, but you will be required to apply for Vermont Medicaid.

Family Size	1	2	3	4	5	6	7	8
Annual Income	24,368	32,783	41,198	49,613	58,028	66,443	74,858	83,273

8. If your reported family income is higher than the amounts shown above and you are assigned a Cost Share deductible, you will be expected to pay that amount towards services that are prescribed through a CSHN clinic before CSHN coverage will begin.
9. If you wish to receive CSHN Financial Assistance, you must complete the accompanying green application form and return it to CSHN. We will review the application to determine whether you are subject to Cost Sharing. Depending upon your reported family size and income, we may require that you apply for Vermont Medicaid. (Vermont Medicaid offers a range of benefits to your entire family. CSHN Financial Assistance applies only to children enrolled with CSHN.)

Please remember that CSHN Financial Assistance is available to any family whose child is enrolled with CSHN, regardless of income. Family income is used only to determine whether a family will be asked to share in the cost of services.
10. If you do not want CSHN Financial Assistance at this time, you need only to complete the first 2 items on the application form. Your child will be eligible to attend CSHN clinics without direct cost to you, but you will be responsible for any other costs that may arise.
11. You may change your mind at any time. If at a later date you decide to apply for financial assistance, simply contact CSHN and request an application form.
12. CSHN Financial Assistance is not retroactive except in extraordinary situations. For that reason, we encourage families to apply at the time of enrollment to help ensure that medical costs are covered.

The following 2 (green) pages are the application for Financial Assistance. If you wish to apply, please complete the application following the instructions printed on it. When we receive your application we will process it and establish your family's Cost Share account.

If you have questions or need assistance completing the application, please call CSHN at 1-800-660-4427 (or 863-7338 from within Chittenden County).